



TEXAS HIV MEDICATION PROGRAM (THMP) EMERGENCY RELIEF ADAP APPLICATION

Patient name: _____

Date of birth: _____ Social Security number: _____

Previous ADAP State & client ID# (if known): _____

Permanent address (from LA, MS, AL): _____

Temporary TX address: _____

Contact phone #: _____ Alt. phone #: _____

Prescribing physician information (name, address, name of clinic – anything you can recall):

Where were you picking up your ADAP prescriptions previously? (name & address of location, if known):

HIV-related prescriptions required: _____

Contact info for agency/person who is assisting you in filling out this application (name & phone #):

By signing this form, I attest to the following facts:

- I meet the eligibility criteria for the State ADAP that I was originally approved in (Louisiana, Mississippi or Alabama).
- I understand that it is my responsibility to notify the THMP immediately if my/our income increases; if I relocate out of Texas; or if my/our insurance status changes.
- I understand that deliberately omitting or giving false information could cause me to be removed from the THMP.
- I understand that the THMP reserves the right to limit enrollment based upon availability of funds.
- I understand that in order to receive emergency assistance from the THMP, I hereby authorize the release of my medical information to the THMP, and authorize the THMP to share confidential information with my originating State ADAP, primary medical professionals, and any referring agency personnel in Texas.
- I understand that this approval is for temporary emergency assistance, with a time limit of eight (8) weeks from the date of approval. A new client application will be required for continued assistance if needed.
- I understand that this application is a legal document. My signature attests that all the information I have provided is true and correct.

Signature or Mark of Applicant (required)

Date

***** Please include a copy of your photo ID & ADAP ID Card (if available), and a Medical Certification Form signed by the physician if you're receiving healthcare now at a Texas location. *****